

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-039663

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 273

Primary Registration District No.

Registrar's No. 158

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

1. <b>FILED NOV 14 1962</b> a. COUNTY <b>Perry</b>		2. <b>USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Central Twp.</b>		Length of stay in lb <b>2 Wks.</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Pine Lawn Nur. Hme.</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. <b>NAME OF DECEASED</b> (Type or print) <b>Joe A. Huddelston</b>		4. <b>DATE OF DEATH</b> Month <b>11</b> Day <b>6</b> Year <b>62</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>9-21-99</b>
10a. <b>USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Maintenance Man</b>		10b. <b>KIND OF BUSINESS OR INDUSTRY</b>	
11a. <b>FATHER'S NAME</b> <b>William Huddelston</b>		11b. <b>MOTHER'S MAIDEN NAME</b> <b>Anna Gravett</b>	
15. <b>WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. <b>SOCIAL SECURITY NO.</b> <b>4</b>	
17. <b>INFORMANT</b> <b>Minnie Huddelston</b>		Address <b>Pine Lawn Nur. Hme.</b>	
18. <b>CAUSE OF DEATH</b> (Enter only one cause per line) PART I. <b>DEATH WAS CAUSED BY:</b> IMMEDIATE CAUSE (a) <b>Hypostatic Pneumonia</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Acute Septicemia &amp; Renal Failure</b> DUE TO (c) <b>Cardiac Failure - Stroke -</b>		INTERVAL BETWEEN ONSET AND DEATH <b>12 hours.</b> <b>12 hours.</b> <b>1 year.</b>	
PART II. <b>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH</b> but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. <b>WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. <b>ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	20b. <b>DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)	
20c. <b>TIME OF INJURY</b> Hour a.m. p.m. Month, Day, Year	20d. <b>INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>		
20e. <b>PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. <b>CITY, TOWN, OR LOCATION</b> COUNTY STATE	
21. I attended the deceased from <b>10/23/62</b> to <b>11/6/62</b> and last saw him alive on <b>11/6/62</b> Death occurred at <b>2:00 P.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. <b>SIGNATURE</b> (Degree or title) <b>Chaplin W. Lutz D.O.</b>		22b. <b>ADDRESS</b> <b>106 W. Ste Marie Perryville</b>	
22c. <b>DATE SIGNED</b> <b>11/7/62</b>			
23a. <b>BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	23b. <b>DATE</b> <b>11-9-62</b>	23c. <b>NAME OF CEMETERY OR CREMATORY</b> <b>Mt. Hope Cem.</b>	23d. <b>LOCATION</b> (City, town, or county) (State) <b>Perryville, Mo.</b>
24. <b>FUNERAL DIRECTOR</b> ADDRESS <b>Young &amp; Sons Perryville Mo</b>		25. <b>DATE RECD. BY LOCAL REG.</b> <b>11-10-62</b>	26. <b>REGISTRAR'S SIGNATURE</b> <b>Joe J. Zollner</b>

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Wallace Young

Licensed Embalmer No. 4027

P. O. Address Perryville, MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.